

**USCSOM-PHR CME ORGANIZATION  
REGULARLY SCHEDULED CONFERENCES (GRAND ROUNDS)  
REQUEST FOR GRANT FROM COMMERCIAL INTEREST**

Activity: \_\_\_\_\_

Speaker: \_\_\_\_\_

Date and Title of Session: \_\_\_\_\_

Please state how you determined the need for this session: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please state the educational objective(s) for this session: \_\_\_\_\_

\_\_\_\_\_

How was the speaker identified? \_\_\_\_\_

\_\_\_\_\_

Speaker Fee: \$ \_\_\_\_\_

CME Policy: A visiting faculty speaker may be paid up to a maximum of \$1500 for a one hour presentation. Any request to exceed this amount must include a justification/explanation why you are requesting an exception. Exceptions must be approved by the Assistant Dean for CME, the CME Executive Committee or Steering Committee.

Expenses to be reimbursed: Travel: \$ \_\_\_\_\_ Food: \$ \_\_\_\_\_ Lodging: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_ **Total Expenses: \$ \_\_\_\_\_**

**TOTAL DOLLAR AMOUNT OF GRANT REQUEST:** \_\_\_\_\_

Pharmaceutical Company: \_\_\_\_\_

Pharmaceutical Rep (if applicable) - Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Requesting Grant - Name (Please Print): \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return form to: Steven Hasterok, MHA, Director of CME, Office of CME, 3555 Harden St Extension, Suite 100, Columbia, SC 29203 - Phone: 803-434-4211 - Fax: 803-434-4288

**FOR CME OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Date Grant Submitted: \_\_\_\_\_ Decision: \_\_\_\_\_